

**SUMMONS IN A CIVIL ACTION**  
**UNITED STATES DISTRICT COURT FOR THE WESTERN DISTRICT OF MICHIGAN**

BERNARD MULDER

v.

LOCAL 705, INTERNATIONAL BROTHERHOOD OF  
TEAMSTERS, PENSION FUNDCase No. 16-cv-1451  
Hon. Janet T. NeffTO: Local 705, International Brotherhood of Teamsters  
ADDRESS: Pension Fund  
Jack F. Witt, Fund Administrator  
1645 W Jackson Blvd., 7th Floor  
Chicago, IL 60612

A lawsuit has been filed against you.

YOU ARE HEREBY SUMMONED and required to serve upon plaintiff, an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure within 21 days after service of this summons on you (not counting the day you received it). If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You must also file your answer or motion with the Court.

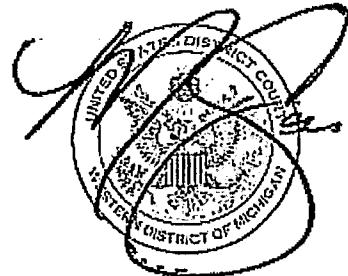
The Court has offices in the following locations:

399 Federal Building, 110 Michigan St., NW, Grand Rapids, MI 49503  
P.O. Box 698, 314 Federal Building, Marquette, MI 49855  
107 Federal Building, 410 W. Michigan Ave., Kalamazoo, MI 49007  
113 Federal Building, 315 W. Allegan, Lansing, MI 48933

## PLAINTIFF OR PLAINTIFF'S ATTORNEY NAME AND ADDRESS

Mark S. Allard (P38164)  
VARNUM, LLP  
333 Bridge Street N.W., Suite 1700  
Grand Rapids, MI 49504

## CLERK OF COURT



December 27, 2016

Date

By: Deputy Clerk

## PROOF OF SERVICE

This summons for Local 705, International Brotherhood of Teamsters (name of individual and title, if any) was received by me on 01/03/2017 (date).

Pension Fund, Jack F. Witt, Fund Administrator

I personally served the summons on the individual at \_\_\_\_\_ (place where served) on \_\_\_\_\_ (date).

I left the summons at the individual's residence or usual place of abode with \_\_\_\_\_ (name), a person of suitable age and discretion who resides there, on \_\_\_\_\_ (date), and mailed a copy to the individual's last known address.

I served the summons on \_\_\_\_\_ (name of individual) who is designated by law to accept service of process on behalf of \_\_\_\_\_ (name of organization) on \_\_\_\_\_ (date).

I returned the summons unexecuted because \_\_\_\_\_.

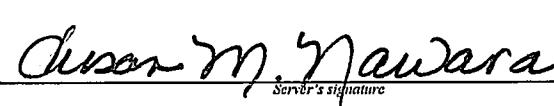
Other (specify) served by certified mail, return receipt requested (attached) on 01/03/2017.

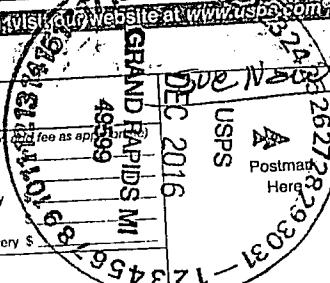
My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under the penalty of perjury that this information is true.

Date: 01/09/2017

Additional information regarding attempted service, etc.:

  
 Susan M. Nawara, Legal Secretary  
 Varnum, LLP Server's printed name and title  
 333 Bridge Street, NW, Suite 1700  
 Grand Rapids, MI Server's address 49504  
 (616) 336-6000

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
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Certified Mail Fee Extra Services & Fees (check box and see as applicable) <input type="checkbox"/> Return Receipt (Hardcopy) <input type="checkbox"/> Return Receipt (Electronic) <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Adult Signature Required <input type="checkbox"/> Adult Signature Restricted Delivery	
Postage Total Postage and Fees	
Sent to <b>Jack W. H.</b> Re: <b>B. Mulder</b> Street and Apt. No. or P.O. Box No. <b>Local 705</b> City, State, Zip Code <b>Chicago, IL</b>	

**SENDER COMPLETE THIS SECTION**

Complete items 1, 2, and 3.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

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1. Article Addressed to:

MR JACK F WITT  
 FUND ADMINISTRATOR  
 LOCAL 705 INTERNAT'L BROTHERHOOD  
 OF TEAMSTERS, PENSION FUND  
 1645 W JACKSON BLVD 7TH FLOOR  
 CHICAGO IL 60612

Re: B. Mulder / Local 705 

9590 9403 0728 5196 2917 40

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2. Article Number *(Transfer from service label)*

7016 1970 0000 4031 3853

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature <b>X</b> <i>Amey Woprecausk</i>	<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) <i>Amey Woprecausk</i>	C. Date of Delivery <b>13/17</b>
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<p><b>3. Service Type</b></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Certified Mail® <input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	